

## WRAP- ROUND SERVICES

9. Provide intervention in her/his home environment to enable the client to remain in the home
10. Promote development of healthy copying skills, adaptive patterns of interacting with other, and appropriate responses to environmental stimuli.
11. Provide temporary crisis intervention support during episodes of acting out.
12. If appropriate, provide the client with a tutoring program which includes a daily lesson plan, homework assignments and provision of appropriate instructional materials. Tutoring may require specialized methods adequate to deal with the educational needs and behavior of a severely emotionally disturbed child.
13. Lead and assist the clients to participate in a range of approved activities which will be an alternative to dysfunctional activities. Approved activities include but are not limited to those such as:
  - a. Outdoor activities intended to increase and/or develop nature awareness, increase self-esteem, develop new leisure interests and skills, and to develop trusting relationships.
  - b. Cultural activities to help increase awareness of community resources, increase verbal expressions, and improve interpersonal relationships.
  - c. Physical fitness activities which provide an opportunity for creativity, self-expression, and to further develop fine and gross motor skills.
  - d. Structured, supervised activities intended to increase age appropriate behavior, appropriate techniques for expression of feelings, development of appropriate peer interactions, and development of coping skills.
  - e. Activities which allow the clients to interact with the larger community.
14. Perform other related duties as needed.

### **C. Description of Services Which Shall Be Carried Out**

Depending on the Service/Treatment Plan and the needs of the specific child with whom a worker is matched, and of the services described below may be carried out. Each service is one of the several modalities utilized to rehabilitate and to promote the development of a repertoire of life skills which will allow the child to optimize his/her functioning consistent with his/her gains in other therapeutic and educational areas. The child's case manager will work with the Providers on activities s/he will be expected to carry out as part of the service

The services are:

**BEHAVIORAL INTERVENTION:** Regularly scheduled interventions designed to optimize a child's emotional and behavioral functioning in his/her natural environment through the application of clinically planned techniques that promote the development of healthy coping skills, adaptive patterns of interacting with others, and appropriate responses to environmental stimuli. Behavioral shaping and redirection are essential components of the service. A primary focus is to assist the child in restructuring his/her milieu so that more positive treatment outcomes can be realized. The service provides the child the opportunity to alter existing behaviors, acquire new behaviors, and function more effectively within his/her environment. This is accomplished through a one-on-one relationship (face-to-face) contact between a child and the Behavioral Interventionist as they participate in a variety of structured therapeutic activities. Behavioral Intervention may be employed to analyze the dysfunctional behavior and design specific techniques to reduce or eliminate undesired behaviors. Specific strategies may be used to change, control, or manage dysfunctional behavior.

**INDEPENDENT LIVING (NON-RESIDENTIAL):** Individual instruction and supportive services provided in the community for youth who are transitioning into independent living. Services are divided into two categories: Basic Living Skills and social Skills.

- Basic Living Skills: Development and restoration of basic skills necessary to Independently function in the community , including food planning and preparation, maintenance of living environment, community awareness, and mobility skills.
- Social Skills: Development or redevelopment of skills necessary to enable and maintain independent living in the community, including communication and socialization skills and techniques.

**COMMUNITY SUPPORT SERVICES:** Community Support Services must be specifically designed to address a child's mental health needs and are supervised by appropriately qualified staff. Services are designed to develop skills and maintain or improve overall emotional/behavioral functioning and maintain functional and behavioral gains from the school year. Services must be tied to identified needs with achievable outcomes for acquiring desired behavioral or eliminating maladaptive behaviors.

The goal of Community Support Services is to remediate significant impairments and improve the client's level of functioning. All therapies and activities must be therapeutically designed to meet specific goals in the child's treatment plan and be related to management of the child's emotional/behavioral needs, skill building, and improvement or maintenance of functioning. Group activities would be appropriate, provided they promote developmentally appropriate behaviors, skill building , and improvement or maintenance of functioning . Activities must assist children in developing /enhancing self-expression, social interaction, and self-esteem. Community Support Services may be provided on school grounds, at a community program, or in therapeutic camps during periods when child is not in school.

The staff to client ratio for Community Support Services shall be a minimum of one staff to eight children during program hours. Therapeutic camps operate on an overnight, full-day or half-day schedule. During sleep hours, all of the following conditions must be met:

1. A minimum of two staff must be present in each cottage/residence. On-call staff must be available for Emergencies; **AND**
2. A minimum ratio of one staff to ten children must be maintained during sleeping hours in **each** cottage/residence.

Staff shall be physically available, on-site at the program. There must be staff designated as "on-call" who are available for emergencies.

The state will develop a progress summary note similar to the Behavior Intervention, Independent Living Skills and Caregiver Note (Attachment E) as soon as possible.

**CAREGIVER SERVICES:** face-to-face interventions with the caregiver (parent, guardian, or custodian) to enable the caregiver to serve as the primary treatment agent in the delivery of therapeutic service to them emotionally/behaviorally disturbed child. This service is designed to develop and/or improve the ability of caregivers to care for their emotionally/behaviorally disturbed child and enhance the treatment process. Instruction, formal or informal, will be provided to the caregiver for the purpose of enabling the caregiver to better understand and care for the emotional/behavioral needs of the child and participate in the treatment process for the child. Services must only be provided to the caregiver and directed exclusively to the effective treatment of the emotionally/behaviorally disturbed child. Services are available to the biological family/guardian of a child who is transitioning home from an out-of-home placement. Otherwise, the emotionally disturbed child must reside in the caregiver's home.

**TRANSPORTATION** is defined as a service to a child in need of transportation in order to participate in needed programs or activities. It includes transportation coordination, the training of the child in the use of public transportation, and assistance with carpooling and planning. Generally transportation will be provided in one of the following categories.

General transportation is transportation provided as a service to a group of clients, i.e., bus transportation for before school or to a group activity.

Specific transportation above normal requirements is transportation that is provided to an individual client to allow him/her to benefit from other specialized services provided by the agency, i.e., transportation of client and/or family to therapy sessions.

**TUTORING** is defined as instruction which is supplemental to a child's regular school program and which is delivered for the purpose of assisting the child to reach his/her academic potential through remediating deficits, building basic skills, and/or increasing academic achievement levels.

**D. Required Knowledge, Skills and Abilities**

- ☐ Ability to establish rapport with clients
- ~ Ability to communicate effectively with clients as well as professional staff.
- ~ Ability to express ideas clearly, both orally and in writing.
- ~ Some knowledge of the principles and practices of human behavior.
- ~ Some knowledge of the techniques of interpersonal relationships
- ~ Some positions may require advanced interviewing, assessment and/or counseling skills

**E. Minimum Training and Experience for Workers that provide Therapeutic Services**

The minimum training experience required is:

High school diploma or equivalent. Four hours of Wraparound specific training plus one hour of documentation training must be completed. Worker must successfully complete a course (minimum of four hours) in a form of the prevention and management of aggressive behavior taught by a certified trainer if worker is to perform any form of restraint.therapeutic holds.

Depending on the needs and functioning of the client, workers with varying education and experience may be necessary. The State expects the Wraparound service provider to maintain a pool of workers that have a variety of relevant experience and education (including Associate, Bachelors, and Advanced Degrees).

**F. Administration of Therapeutic Services (Excluding Transportation Services)**

Workers normally spend 95% or more of the work time working directly with clients.

Individuals holding these positions will be working in a therapeutic program under the supervision of a trained experienced case manager. A therapeutic program (as defined for classification purposes) is designed to modify, improve, or reinforce specific physical, emotional, or social behaviors. A therapeutic program must include:

1. A Treatment team evaluation of each client to identify his needs and treatment goals.
2. Determination of the appropriate techniques and methods to use in achieving the stated treatment goals.
3. An evaluation of the effectiveness of the treatment program and subsequent redefinition of the client's needs and treatment goals.